

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Tangonan Adult Residential Care Home	CHAPTER 100.1
Address: 94-228 Moena Place Waipahu, Hawaii 96797	Inspection Date: May 16, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #1 – No annual Tuberculosis skin test available for review</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I bring her to her PCP office for skin test and reading, together with the administration record form then to fill up right away with signature and filed to her folder.</i></p>	<p><i>6-4-19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Resident #1 – No annual Tuberculosis skin test available for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I'm explaining to all my substitutes to help me, if they notice the flag <del>is</del> reminder is due, will call my attention, for the patients safety and others to prevent happening again. 6-4-19</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><b><u>FINDINGS</u></b> SCG #1, SCG #2, SCG #3, SCG #4, &amp; SCG #5 - PCG training not available for review</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I made all my care givers training to promote their own knowledge, experience, motivate their mind and will not forget the daily routine.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.</p> <p><u>FINDINGS</u> SCG #1, SCG #2, SCG #3, SCG #4, &amp; SCG #5 - PCG training not available for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I going forward I have made a checklist for new one SCG.</i></p> <p><i>that I will refer to upon hire of new SCG</i></p>	<p>8/12/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 -</p> <ul style="list-style-type: none"> <li>• "Amlodipine Besylate 5mg by mouth 1 tab every day hold if S B/P &lt;105" ordered 1/22/18, however, not transcribed to MAR for the months of 9/2018 to 5/16/19. Discontinue order unavailable for review.</li> <li>• Ensure dietary supplement in use. No Physician/APRN order available for review.</li> <li>• Pressure ulcers noted by RN Case manager on 5/10, 6/18, 9/18/2018 and 1/19, 2/19, 3/19/2019. No Physician/APRN order/instructions available for review.</li> <li>• "Dulcolax rectal suppository 10mg 1 suppository as needed PR daily PRN constipation 2 days", however, MAR not initialed as given despite activity record indicating no BM for 2 days for the month of 5/2018.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>1. I have the discontinued date of the amlodipine.</p> <p>2. I have <del>not</del> reviewed the order since of the resident.</p>	8/12/19

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b>FINDINGS</b> Resident #1 -</p> <ul style="list-style-type: none"> <li>• "Amlodipine Besylate 5mg by mouth 1 tab every day hold if S B/P &lt;105" ordered 1/22/18, however, not transcribed to MAR for the months of 9/2018 to 5/16/19. Discontinue order unavailable for review.</li> <li>• Ensure dietary supplement in use. No Physician/APRN order available for review.</li> <li>• Pressure ulcers noted by RN Case manager on 5/10, 6/18, 9/18/2018 and 1/19, 2/19, 3/19/2019. No Physician/APRN order/instructions available for review.</li> <li>• "Dulcolax rectal suppository 10mg 1 suppository as needed PR daily PRN constipation 2 days", however, MAR not initialed as given despite activity record indicating no BM for 2 days for the month of 5/2018.</li> </ul>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I am now on if there is a new order, I will ask the hospice nurse to give me a copy, so I know what to write in my Flow sheets etc. and I informed to all my substitutes to avoid mistake 6/5/19 again.</i></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – The following available medications are not listed on medication administration record:</p> <ul style="list-style-type: none"> <li>• Ensure dietary supplement as prescribed by Physician/APRN.</li> <li>• Wound care orders as prescribed by Physician/APRN.</li> </ul>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>The MAR has been updated to reflect of all current medication.</i></p>	<p><i>8/12/19</i></p>



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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><b>FINDINGS</b> Resident #1 -</p> <ul style="list-style-type: none"> <li>The following medications ordered on 1/22/18 and listed on the MAR until 8/31/18 but had not been reviewed within 4 month period: <ul style="list-style-type: none"> <li>o Amlodipine Besylate</li> </ul> </li> <li>The following medications ordered on 1/22/18 and again on 1/30/19, a period of 12 months: <ul style="list-style-type: none"> <li>o Morphine Sulfate</li> <li>o Lorazepam</li> <li>o Acetaminophen</li> <li>o Dulcolax</li> </ul> </li> <li>The following medications ordered on 1/22/18 and have not been renewed as of 5/16/19, a period of 15 months: Haldol Lactate</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I should write all the current medication in the physician order before the apt. in 3 to 4 months to be re-evaluated by the physician with the date and signature, if there is new or discontinue medication I will write in the emergency information right away, so I don't forget to avoid mistake again.</i></p> <p><i>6-26-19</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Progress Notes do not reflect resident's response to "medication, treatment, diet, care plan, any changes in condition", etc. See examples below:</p> <ul style="list-style-type: none"> <li>• Ensure dietary supplement intermittent use</li> <li>• Aspiration precautions</li> <li>• Pressure Injury developments</li> <li>• Pressure Injury treatments</li> <li>• Contractures</li> <li>• Range of Motion</li> <li>• Bowel Movement digital extraction</li> <li>• Hospice bi-weekly visits</li> <li>• Hospice care plan interventions</li> <li>• RN Case Manager Care Plan interventions</li> <li>• Blood pressure monitoring</li> <li>• Suctioning</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>From now on, I will document any changes of status like treatment, medication, diet, care plan, and document the response of the intervention.</i></p>	<p>6/15/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p>FINDINGS Resident #1 -</p> <ul style="list-style-type: none"> <li>No flowsheet in resident's record describing treatments and services rendered related to turning bed bound resident (i.e. date, time, and who rendered service). <ul style="list-style-type: none"> <li>"Change position every 2 hours if unable to do so by self" per RN Care Manager's care plan initiated 9/16/17</li> <li>"Reposition pt to maintain skin integrity" per Hospice Care Plan initiated 1/22/18.</li> </ul> </li> <li>Flowsheet incomplete regarding daily blood pressure monitoring</li> </ul>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p> <p><i>I make my schedule for turning a bed bound patient when we receive a treatment in reposition.</i></p>	

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Emergency information not current</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I have updated the emergency information.</i></p>	<p><i>8/12/19</i></p>



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(4) General rules regarding records:</p> <p>All records shall be complete, accurate, current, and readily available for review by the department or responsible placement agency.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Emergency information not current</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I ask my substitutes to help or remind me if they noticed any this information is not noted, call my attention to correct to avoid mistake.</i></p>	<p>6/4/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Current documentation of FLU vaccine not available for review</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>I bring my patients to her PCP office for Flu Vaccine, together with the admission record for them to fill up might already with signature and filled to her folder.</i></p>	<p>6-4-19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements</u>. (b)(4) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of current immunizations for pneumococcal and influenza as recommended by the ACIP; and a written care plan addressing resident problems and needs.</p> <p><b><u>FINDINGS</u></b> Resident #1 - Current documentation of FLU vaccine not available for review</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I'm informed to all my substitutes to help me, if they noticed the flag reminder is due, will call my attention for the patients safety and others to prevent happening again.</i></p>	<p>6-4-19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e)  The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u>  Resident #1 - No documentation of Case Manager training for SCG #3 &amp; SCG #4 available for review</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>RN completed Case Manager Training for all PCG, SCG  1. for resident, 1. and  documentation is in  case manager binder</i></p>	<p>8/12/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-87 <u>Personal care services.</u> (e) The primary care giver with the assistance of the case manager shall provide training to all substitute care givers and ensure that all services and interventions indicated in the expanded ARCH resident's care plan are provided to expanded ARCH residents by the substitute care giver.</p> <p><u>FINDINGS</u> Resident #1- No documentation of Case Manager training for SCG #3 &amp; SCG #4 available for review</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will asked to all my substitutes to help me, if there is missing in our patients documents, will remind me or call my attention to correct right away to avoid any know and happening again</i></p>	<p>6-26-19</p>

Licensee's/Administrator's Signature: Edna Tangonan  
Print Name: Edna Tangonan  
Date: 6-7-19

Licensee's/Administrator's Signature: Edna Tangonan  
Print Name: Edna Tangonan  
Date: 6/28/2019

Licensee's/Administrator's Signature: Edna Tangonan  
Print Name: EDNA TANGONAN  
Date: 8/12/19